



## APPLICATION FOR BURIAL IN THE NEW HAMPSHIRE STATE VETERANS CEMETERY

Veteran's Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip County

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Date Entered Service: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_

Veteran's Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Highest Rank Achieved: \_\_\_\_\_

War Service: WWI \_\_\_\_\_ WWII \_\_\_\_\_ Korea \_\_\_\_\_ Vietnam \_\_\_\_\_ Persian Gulf \_\_\_\_\_ None \_\_\_\_\_

MARITAL STATUS OF VETERAN: Married \_\_\_\_\_ Never Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

IF SPOUSE IS NOT A VETERAN and wishes to be buried with Veteran, then please complete the following:

Spouse's Name: \_\_\_\_\_  
First Middle Last

Spouse's Date of Birth: \_\_\_\_\_ Spouse's Social Security Number: \_\_\_\_\_

**IF SPOUSE IS ALSO A VETERAN, PLEASE COMPLETE A SEPARATE APPLICATION FORM**

**PLEASE SUBMIT LEGIBLE COPIES OF THE FOLLOWING WITH APPLICATION:**

1. Itemized discharge or separation papers showing Honorable service (i.e. DD-214, Form 53-55, NGB Form 22).
2. Marriage certificate if spouse will be buried with veteran.
3. Death certificate if Veteran or spouse is deceased.
4. Proof of NH residency if discharge does not indicate NH. (One of the following: copy of driver's license, tax bill, employment records, United States, State of NH or Municipal office records).

**MAIL TO: New Hampshire State Veterans Cemetery**  
**110 Daniel Webster Highway Route 3**  
**Boscawen, NH 03303**  
Phone: (603) 796-2026 Fax: (603) 796-6300

**This general information and eligibility criterion is subject to change. More specific information may be requested. This application is not a reservation of a specific gravesite. A certificate of eligibility will be mailed to you in about 6 weeks.**

Signature of Veteran: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse OR Next of Kin: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship if not spouse: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip County

**TO BE COMPLETED BY NH STATE VETERANS CEMETERY OFFICE:** (do not write below this line)  
\_\_\_\_ approved \_\_\_\_ pending \_\_\_\_ not approved \_\_\_\_ resident \_\_\_\_ non-resident

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 4/2003